

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		104118
O.I.P.E. CLASSIFIER		13	04/06/01
FORMALITY REVIEW	S1	1021	04/06/01
RESPONSE FORMALITY REVIEW			VIA FAX

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	6/02
2	6/02
3	6/02
4	6/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here